

Johnson (Jos. J.)

ON THE
IMPORTANCE OF TRACHELORRAPHY,
WITH CASES AND REMARKS.

BY



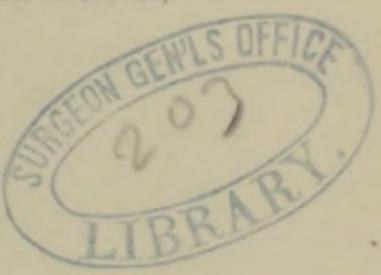
JOSEPH TABER JOHNSON, A. M., M. D.,
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Professor of Obstetrics and Gynæcology, Medical Department University
of Georgetown, Gynæcologist to Providence Hospital, Fellow
American Gynæcological Society, etc.

[Read before the Washington Obstetrical and Gynæcological Society, Jan
13, 1884]

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I should not be bold enough to present a paper upon so hackneyed a subject as the treatment of laceration of the cervix uteri, were I less impressed with the importance of this lesion, and the necessity, in aggravated cases, of its cure by Emmet's operation.

From some quarters we hear distant murmurs of disapproval and opposition, and nearer home we learn that from the lack of evidence to the contrary, it is concluded that this operation, which has been heralded as one of the greatest improvements of the age, does positive harm, by making the last state of the patient worse than her first.

I trust I shall be able to impress the society with the truth and justice of the claims which have been put forth for the surgical treatment of cervical laceration, and of the error of those who oppose it.

Of the importance of trachelorraphy, we have the testimony of Marion Sims, given in the discussion which followed the reading of Emmet's second paper on this subject to the Medical Society of the city of New York, in Sept., 1874. Sims said: "I have performed this operation often enough to speak in positive terms of its value. The discussion must, of necessity, be one-sided. There can be no objection, no opposition to the operation; we must accept it as Dr. Emmet has given it to us, for it is perfect—perfect in its methods, and perfect in its results. Like all new operations, it is likely to be abused; but the time will soon arrive when it will assume its place in the foremost rank of useful improvements,"

Dr. Fordyce Barker, when a paper of Dr. Walter B. Chase was being discussed, in June, 1878, said: "I think there can be no doubt that the first paper of Dr. Emmet upon laceration of the cervix, associated with the puerperal state, is one of the most important contributions which have been made to gynaecology;" and Thomas, in the 4th edition of his work, says: "even if its eminent author had done nothing else to lay his profession under obligation, Emmet's paper would indelibly write his name upon the records of gynaecology. No one contribution to this department which has been made during the last half century has exerted a more marked influence upon uterine pathology than this is now doing, and will do in the future. None will have more influence in abolishing useless and hurtful therapeutical measures." And in his 5th edition, p. 352, he speaks thus: "It is surely not too much to say of it, that it constitutes one of the most important contributions to gynaecology which has ever been made."

I make no mistake then, Mr. President, in my estimate of the importance of this subject, and am in good company when I urge, with some enthusiasm, the more frequent performance of trachelorraphy than, I believe, has heretofore been the practice of surgeons in our city.

The danger has been with this, as with other important innovations, that errors in diagnosis and judgment would occur and disrepute be brought upon a very valuable operation by its unwise, unskillful and too frequent repetition.

An English Gynaecologist is quoted by Dr. C. C. Lee in his paper on "the proper limits of Emmet's operation," as follows:

"American surgeons seemed to pass their time between dividing the cervix when nature had left it in-

tact, and sedulously stitching up the fissures which parturition left upon its surface."

Foreign gynæcologists often misrepresent and then oppose trachelorraphy. I have conversed with several of our best American gynæcologists who have lately visited Europe, and they all agree that in plastic gynæcological surgery the English are far behind Americans in skill, dexterity, convenient instruments, neatness and success.

In ovariotomy they excel us, or have produced better results, but whether their greater success is owing to climatic influences, environment or skill, may be an open question. Thomas attributes it to the former rather than the latter.

Savage, Tilt and Duncan, Howard of Baltimore says, are still practicing gynæcology with Ferguson's cylindrical speculum, and should be forgiven for not recognizing a condition, which they cannot see or appreciate through an instrument which, according to Emmet, should never be used, except as a safe means of applying harsh treatment to the cervix, at the same time protecting the vagina.

This, and similar remarks of Tilt and Savage have been quoted so frequently against Emmet's operation, that I desire to read a few words from Howard's Report of the Section on Obstetrics and Gynæcology, Baltimore, Md., April, 1883, in which he replies to the following remarks of Mr. Savage in the Obst. Soc., of London, March 1, 1882.

"The American school profess to believe that every disease (none excluded) incidental to the uterus may be, and generally is, the direct consequence of a cervical laceration. The English school disbelieves this on good grounds." Howard says:

"To what class of persons do these eminent English gynæcologists address themselves? Were they to attempt to verify their bald affirmations by the writings

of the acknowledged exponents of the American school, they would soon find that they had not even the cobweb texture of *truth* to rest upon. American gynaecologists do *not* slit the cervix up to the os internum to cure a so-called ulceration, due to a slight cervical fissure. They do *not* believe that every disease of the uterus is generally the direct consequence of a cervical laceration; and they certainly understand the importance of judicious medical and local treatment as well as the English or any other gynaecologists, anywhere to be found, as their works amply attest to all candid and earnest inquirers after truth. * * * But the ablest American gynaecologists well recognize the conditions and indications which render trachelorraphy judicious and proper."

In speaking of Tilt's injustice to Emmet and Sims, and his criticism upon their operations, Howard says: "This is easily accounted for, as Tilt habitually uses the cylindrical speculum of Ferguson, and thinks the habitual use of Sims' speculum in uterine surgery is like using a steam hammer to kill a fly." I cannot help thinking, in concluding the subject, that trachelorraphy deserves to rank among the most important contributions that have ever been made to gynaecology, and that during the past eight years the true indications for its performance have been more accurately ascertained, and its real value more correctly determined. * * * Moreover, as epithelioma often arises from local irritations, and a lacerated cervix is constantly exposed to friction during respiration and locomotion, it is reasonable to infer, as indeed American experience amply attests, that this dreadful malady not unfrequently finds its point of departure in a cervical laceration."

In January, 1878, at the State Medical Society's annual meeting, in Albany, Drs. Barker and Jacobi, in

discussing this subject, thought the operation was performed too often, and that many cases of slight laceration would recover without the knife, by observing cleanliness and the use of repeated astringent applications. This is not denied, but both gentlemen admitted that many weeks and sometimes months of treatment were required to complete a cure, and that relapses were constantly liable to occur. In the severer cases, where the laceration is at all extensive, would it not be more rational to submit a patient to a radical operation, which in three weeks would accomplish that which confessedly takes them, by medical treatment, months of expensive local applications to bring to pass? Their patients are then liable to constant relapses, the probability of abortion, and all to the development of cancer.

Goodell says this is one of the safest and most universally successful operations in surgery, and lends the weight of his name and reputation to its more frequent performance.

Writers differ as to the percentage of cases of laceration of the cervix following delivery. Emmet places it at 33 per cent.; Mundé, 22; Pallen, 45. Goodell thinks one woman in every six who has children sustains this injury. The percentage of cases requiring operative aid is comparatively small. Many lacerations heal during the puerperal period, and a certain proportion give rise to no symptoms, and require no aid; but in those instances when symptoms *do arise which are not curable by rest, cleanliness, and astringents, I contend that trachelorraphy is the most rational mode of treatment*, and should be resorted to.

The effect which this operation has been supposed by a few obstetricians to have in preventing conception, and in causing delay, difficulty, and relaceration in succeeding labors, was discussed in a paper in

¹Uterine Therapeutics, 4th ed., p. 31.

the January, 1883, number of the *Obstetrical Journal*, by Dr. P. J. Murphy. His arguments, which appeared to me at the time erroneous, have been so completely refuted by statements to the contrary published in the same journal, and in many personal communications from prominent operators, that I only refer to the subject in passing, and will now proceed to the narration of the cases which form the basis of this paper.

Case 1. My first case was Mrs. F.; white; age 24; mother of one child, which was delivered still-born with the forceps. She suffered for several weeks from an attack of pelvic inflammation, but seemed to recover, and resumed her usual avocations. She soon began to complain of pains in back and loins, and was greatly troubled by a profuse leucorrhœa, which, about the time of the monthly period, became offensive. Sexual appetite was abolished; intercourse was painful, and frequently followed by a discharge of blood. She was the victim of more than usually troublesome nervous symptoms. She had the same difficulty in walking, standing, lifting, and going up and down stairs, which women complain of who were formerly supposed to suffer from ulceration of the neck of the uterus. This condition of things went on for about two years. She would get better under treatment and rest, but upon resuming exercise and neglecting treatment she would soon become as bad as ever.

I was requested to see her by Dr. B. B. Adams, and upon examination, recognized a unilateral laceration of the cervix, extending up to its junction with vagina on the left side. I explained the nature of the case, and suggested Emmet's operation as a radical cure. The suggestion was at once accepted, and the time set for the operation. While visiting my office

to undergo a preparatory treatment which was considered necessary, on account of some remaining tenderness in the cellular tissue, Dr. Mundé, who was at my house for a few days, examined her. He fully confirmed my diagnosis, and thought it a typical case for operation, and on April 12, 1882, I operated, with the assistance of Drs. Ashford, B. P. Adams and Mallan. Four silver wire sutures were inserted. The patient remained in bed ten days, suffering scarcely any pain. Her water was drawn four times daily for three days, after which time she was allowed to use a bed-pan. Antiseptic vaginal injections were used after each act of micturition. The sutures were removed on the ninth day, and perfect union found to have occurred. Recovery was uninterrupted, and the patient is to day entirely relieved from all the disagreeable symptoms which had so constantly annoyed her for two years. Coition occurs without pain, and the sexual desire has returned stronger than ever. She has gained about 40 pounds of flesh, and walks down town to church and back home without fatigue.

Case No. 2—Mrs. P., a widow lady with one child about three years old, consulted me on account of profuse and offensive leucorrhœa, back-ache, sick headache, menorrhagia, many nervous symptoms, and an inability to walk. Said she had not walked three squares in two years. Upon examination, I found a double laceration of the cervix. The space between its separated edges was filled in with everted and prolapsed mucous membrane, constituting the ectropion described by Emmet. This mass bled easily when touched by the finger or the speculum. I treated her some months with varying success, never succeeding in getting a healthy surface, and always having a complete return of her symptoms soon after a suspension

of the local applications. I finally proposed trache-lorraphy, which was readily agreed to, and after another month spent in preparatory treatment, I operated, with the assistance of Drs. Kleinschmidt, Mallan, Rice and Sumner. I had been impressed with the importance and necessity of great care in the after-treatment of these cases. My first operation was looked after with all the zeal of a young mother caring for her first and only child. I gave the most minute directions about rest in bed, the water, bowels, diet, etc. In making my visit about noon on the third day, I found my second patient up and dressed, eating deviled crabs and drinking beer. She said, in reply to my expostulations, that "she felt perfectly well, and could not afford to fool her time away in bed."

This patient could not be controlled, and spent no more time in bed. But she promised if she felt any pain or trouble of any kind to do as I advised. I removed the sutures on the twelfth day, and found perfect union, except one stitch had cut out on one side, but the patient made a good recovery. She called on me several days after, in passing, to say that she had walked from her house to the capitol—more than a mile—and was far on her way home, and was happy to state that she was less fatigued than a walk half around the square would have made her before the operation. Her other disagreeable symptoms had all disappeared.

Case 3. My third case was a lady whose age was about 30, mother of two children. This lady had about the same symptoms which I have detailed in cases 1 and 2. She had in addition a retroverted uterus, and a continuous pain upon the same side as the laceration, which I then thought proceeded from an inflamed ovary, but which I now think may have been

caused by an uncured cellulitis. She had been a sufferer from bleeding piles for seven years. Many of her symptoms were attributed by herself and friends to this cause, and with kind assistance of Dr. Lincoln I operated upon the piles. After recovery, which was perfect, the left side pain continued as severe as ever.

I put her through a month of preparatory treatment, and then denuded the surfaces and sewed up the cervix, with the assistance of Dr. Mallen, who gave the ether, and Drs. Lamb and Mary Parsons, who were friends of the family.

The patient would not have a nurse, preferring to be cared for by her tender and affectionate mother, who was very willing and very anxious to do everything for the best, but was ignorant of the proper qualifications of a "trained nurse." The patient did well until the third day, when she exposed herself to cold, not wishing to disturb her mother. She was soon after seized with a chill, and the most severe case of pelvic peritonitis and cellulitis developed which I have ever known recover.

Drs. Lincoln and W. W. Johnston saw her with me, and they were both of the opinion that she would not live twelve hours. She was confined to her bed about four months, but finally made a good recovery. She was able before leaving the city to walk about town, attend church, and go shopping with much less fatigue than before the operation.

The uterus was still retroverted at the time of departure, but she suffered very little inconvenience from it.

Notwithstanding the pain and sickness following the operation the patient expressed herself as pleased with her present condition, and able to do more walking and exercise with less fatigue and pain than before.

Union was perfect along the surface of the wound notwithstanding the inflammatory condition of the neighboring tissues. There was no cervicitis or metritis. She menstruated regularly during her four months in bed, with no increase of pain. There was rather a sense of relief at the time of each period, caused, perhaps, by the relief of the congestion of the endometrium.

Case 4. Mrs. B., white, age 22, mother of three children and had had several miscarriages. I was requested to see her on account of uncontrollable hystero-epilepsy. I recognized a chronic inflammation of the ovaries, but while requested to remove the uterine appendages by patient, as well as physician, I diagnosed a deep cervical laceration on the left side, and thinking that might be the controlling cause of the nervous manifestations, I sent her to Providence Hospital, as a private patient, and there operated, with the assistance of Drs. Leach, Bayne, Mallan and Eliot.

Suffice it to say the convulsions continued and were the worst I ever saw. She tired out all the nurses in the hospital, and exhausted the resources of the house physician. Hypodermics would control her at first, but finally only the most profound anaesthesia would allay the ovarian pain and convulsions. The operation was a failure in every respect. The stitches tore out. When I came to remove them they were hanging from one side of the cervix, .

I think now if Battey's operation had been performed she would have been cured. She has led a wretched existence since she left the hospital, and may yet be operated on.

Case 5 was a charity patient in Providence Hospital. She had been in all the hospitals and dispensaries in the city where she could gain admittance,

and had exhausted the patience of several corporation physicians. She had always been treated, she said, for menorrhagia, profuse and offensive leucorrhœa, enlargement and ulceration of the womb, and this had been going on for more than three years. She had the usual symptoms formerly attributed to these conditions to perfection. Upon examination, a large double laceration of the cervix was found to exist, with ectropion. She was treated locally for a month, put upon extra diet and tonics, at the end of which time trachelorraphy was performed. More tissues than usual had to be cut away. On the 9th day the sutures were removed, union was found perfect, and in twenty-one days from the day of the operation the patient was discharged cured. Here was what some would call a brilliant triumph of gynaecological surgery over medical gynaecology. By a safe, easy and successful operation she had been cured in three weeks, when three years of local applications had failed to accomplish much, if any, good. Her condition seemed to me to be rapidly approaching the appearance of epithelioma. The large, soft, easily bleeding, vegetating mass between the everted edges of the lacerated cervix might soon have become the local focus for the development of this form of disease.

Dr. Murphy, in his paper above referred to, says: "I fear I shall never arrive at that perfection where it will be given me to appreciate why a laceration of the cervix, by being repaired, will probably prevent cancer of the womb."

Goodell, Emmet, Mundé, Albert Smith, Howard and Wilson of Baltimore, Byford, Sutton, Thomas, Sims—all held the view that these unhealed cases of laceration of the cervix may, and frequently do, terminate in epithelioma.

I am treating a private patient now, who is about 30 years of age, in Providence Hospital, who has this

form of cancer of the cervix. When she came to me for treatment, I thought the disease was entirely limited to this part of the uterus, and proposed to remove the entire organ by abdominal section. She readily assented, but Dr. Lincoln, who kindly saw her with me, thought he detected sufficient evidence of the disease in the neighboring tissues and glands to cause him to advise against the operation. A laceration of the cervix was very evident in this case. The patient knows of no other instance of cancer among her relations, and, upon the evidence of the writers just named, I believe the laceration to be the cause of her cancer; and I believe, also, if it had been cured by an operation soon after it occurred, she might not have had cancer, and could have lived twenty or perhaps forty years longer.

My next three cases were similar in many particulars, and I will, therefore, not tax your patience to give them separately. In one case, however, the mental depression was much greater than in the others, so that her family, with good reason, I thought, feared her mental faculties would give way. She became very sad and morose, and did and said many little things which indicated an unsound and unbalanced mind.

She, and the other two patients were annoyed by the symptoms which Emmet, Thomas, and other authors describe as following lacerations of the cervix. They all had ruptured perinæums, and I operated upon each of them at one sitting—that is, in each case I performed the double operation at one and the same time.

In the January, 1883, number of the *American Journal of Obstetrics* is published a discussion upon a paper of Dr. J. B. Hunter, one of the surgeons of the Woman's Hospital, which took place in the New York Obstetrical Society, upon the propriety of re-

storing the lacerated cervix and perinæum at one operation.

While some opposed it, other speakers favored the double operation, especially for poor women who could not afford the time or expense for two operations. One speaker objected on account of the time the patient would be compelled to remain under the influence of the anæsthetic.

I found, by having everything in readiness, needles all threaded, etc., that the longest time occupied in completing the double operation was 1 hour and 4 minutes. I have assisted in a perinæum operation which alone lasted longer than that, when no special effort was made to hasten matters.

In each of these three cases the patients made a perfectly satisfactory recovery, so that I feel quite encouraged to repeat the operation in similar cases. The two difficulties to contend with are, firstly, the feeling that we are working against time, leading in the direction of too much haste and imperfect work; and secondly, the inability to remove the sutures from the cervix until the perinæum has become sufficiently firm to admit of the use of a speculum without endangering its integrity. I did not attempt their removal until after the expiration of six weeks; but Dr. Charles Carroll Lee, also of the Woman's Hospital, writes me that he has taken them out successfully in three weeks. Dr. Hunter does the same successfully in four weeks. I see no reason why the silk-worm gut sutures could not be left in six months or indefinitely. I intend to try them, and not take them out at all unless I am sure they are causing irritation. Skene, of Brooklyn, uses a prepared Chinese silk suture, which he does not take out at all in some cases. He was compelled to cut two unabsorbed sutures in one case of labor where the cervix was prevented from dilating by their presence.

This operator has introduced several innovations, which, while they have succeeded admirably in his experienced hands, I would not recommend less experienced men to imitate. He has operated upon eight cases in his private office, without anaesthesia, and allowed his patients to ride home in the street cars, and permitted them to remain up, and even to walk out during convalescence.

In two of Dr. Mundé's cases, mentioned in his journal, he found upon the third day, when making his visit, that his patients had gone down town to attend to their business, they being shop girls in a dry goods store. They both made perfect recovery. While this is all possible, still the risk of the occurrence of cellulitis is so great with some, upon slight exposure, that careful after treatment and rest in bed should be insisted upon. Fatal results have followed this operation. Mundé reported a death not long ago from secondary haemorrhage and another from cellulitis—the only deaths, by the way, which I happen to know of as the result of trachelorraphy.

Much stress is laid by Emmet, Mundé, Thomas, Baker, of Boston, Goodell, Lee, and others upon the necessity of careful preparatory treatment. This is good advice so far as relates to uncured pelvic cellulitis, but so far as it relates to cervical catarrh, it has always appeared to me better *not* to delay to cure the catarrh before operating, but to cure it by operating. Cut away the tissues from which the glairy tenacious catarrhal secretion exudes, down to the healthy parts, and bring the denuded surfaces together by sutures, and you cure your patient and do away with the discharge at one and the same time. If the catarrh continues from the canal which you construct or restore by your operation, I hold that you have it in much more favorable condition for treatment than before.

In this connection I was pleased to see an article of Dr. Van de Warker in the July number of the *Journal of Obstetrics* for 1883, in which he makes this point in his analysis of thirty-one operations. The results produced by cervical laceration form, in a measure, the indications for its treatment, and I can state these indications in no more concise way than by giving the following quotation from Thomas, p. 358 :

" Nothing more triumphantly displays the value of Emmet's contribution to gynaecology in connection with cervical lacerations, than a full exhibit of the evils which result from that condition.

" Its ordinary consequences are chronic peri-uterine cellulitis; epithelioma; subinvolution of a part or whole of the uterus; sterility; menstrual disorders; cervical endometritis; granular and cystic degeneration; fungosities of the corporeal endometrium; neuralgia of cervix; dyspareunia; tendency to abortion; uterine displacements.

" There can be on the part of those who have been properly impressed with the importance of this lesion no question as to the truth that all the conditions mentioned may originate from this accident.

" No part of the body of a woman is so liable to the development of cancer as the uterus; no part of the uterus is so liable to it as the neck; and no tissue of the neck is so liable to it as the glandular lining membrane. Exposure of this by eversion, the result of laceration, would, theoretically, be supposed to be a fruitful cause of that affection, and practically observation abundantly supports theory in reference to the matter. My own observation has for several years made me feel sure of this, and that of Breiskey, Emmet and Veit is recorded to the same effect.

This alone affords a valid indication for the closure of lacerations attended by local engorgements and irritation."

I have endeavored, Mr. President, to state the case fairly in regard to this operation, giving the opinions of those who oppose as well as those who favor trachelorraphy.

If the conclusions reached by Murphy are correct, viz.: 1st "That repair of lacerations of the cervix is *usually* followed by sterility;" 2d. "That the character of the labor is *unusually severe and protracted* and that in a large percentage, *laceration occurs a second time*," I should feel that it would be actual malpractice to operate again upon any woman who was liable to become pregnant, and thereby expose her to the dangers referred to.

The testimony in my possession is, nearly all of it, in favor of trachelorraphy in cases such as I have cited. Did the limits of this paper, already too long, permit, I could cite many cases where pregnancy followed the operation—showing that it cured sterility, instead of producing it, and that re-laceration did not occur at the time of delivery, nor was the "labor unusually severe or protracted."

This, however, is a very important subject, and I shall in a subsequent paper dwell upon these points more at large.

It is somewhat difficult to follow up one's cases and ascertain the results of operations. Many patients being seen in hospital practice, when they are discharged cured, are lost sight of forever. It is only by taking the trouble to learn the ultimate effects of trachelorraphy, that these disputed points can be definitely settled. I therefore invite reports upon the effects of this operation from those who have operated; as to its effect in causing or curing sterility;

its effects upon labor, if any ; and whether laceration occurred a second time, and if so, whether in the same place or not.

These reports I will tabulate and publish.

The truth is all we seek to find and impress, and in the search our eyes should not be blurred by prejudice or preconceived opinions.

926 Farragut Square.



